

225616

To PSC

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

COPY
Posted: 6:00
Dept: S.A.
Date: 8/31/10
Time: 10:55

DOCKET
NUMBER: 2010 - 296 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: RICHARD DAVID GILBERT

Telephone: 843-371-2279

Address: 5090 ASHLEY RIVER RD
SUMMERVILLE, SC 29485

Fax: _____

Other: _____

Email: destination.spr@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED

AUG 27 2010

PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

[Signature]

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

RECEIVED Date: 8/27/10

CLASS C - CHARTER

AUG 27 2010

PSC SC
CLERK'S OFFICE

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

DESTINATIONS PROFESSIONAL TRANSPORTATION, LLC

4909 CHARTWELL DR N. CHARLESTON SC 29420
Street Address of Applicant

Mailing Address of Applicant if different from street address

843.371.2279

Phone

Fax

destinationspro@gmail.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

RICHARD DAVID GILBERT 5090 ASHLEY RIVER RD

SUMMERVILLE SC 29485

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month AUG Year 2010

Assets:

Cash	2500.00
Receivables	0
Real Estate	0
Buildings and Equipment (Net)	1000.00
Motor Vehicles (Net)	10,000.00
Garage Equipment (Net)	0
Machinery and Tools (Net)	200.00
Supplies on Hand	300.00
Prepays and Other Assets	0
Total Assets	15,000.00
<u>Liabilities and Equity:</u>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

\$ 200.00/HR

Counties to be Served:

Statewide

Maximum Number of Passengers per Vehicle:

7

DESCRIPTION OF EQUIPMENT

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

SEE ATTACHED QUOTE

Name of Motor Carrier

Address of Motor Carrier

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ _____

Limits _____

The above quoted premium is for a term of _____ months.

Minimum Limits - Intrastate Only:

1-7 Passengers \$ 25,000/50,000/25,000

8-15 Passengers \$ 25,000/100,000/25,000

Name of Insurance Company

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

NORTHLAND INSURANCE COMPANY

08/25/10 QUOTE VALID FOR 30 DAYS

Commission 10%

Destinations Professional Tran
Summerville, SC

MAXINE - CHAS
AP

DRIVER NAME	DOB	STATE	LICENSE NUMBER	STATUS
Richard Gilbert	03-15-71	SC		Active

COVERAGE	LIMIT/DEDUCTIBLE
Liability	\$500,000
Uninsured Motorist	\$100,000
Underinsured Motorist	\$100,000
Medical Payments	\$5,000
Comprehensive Deductible	\$1,000
Collision Deductible	\$1,000

NO.	VEHICLE DESCRIPTION	VIN	STATED AMT	RADIUS
1	2001 Jaguar		\$11,000	Over 75
	NO. VEHICLE DESCRIPTION		STATED AMOUNT	PREMIUM
1	2001 Jaguar		\$11,000	\$2,966

PREMIUM

Liability	\$1,900
Medical Payments	\$395
Uninsured/Underinsured Mtr	\$167
Physical Damage	\$481
Additional Coverage for Vehicl	\$23
POLICY TOTAL	\$2,966

Christa Loudin
J. M. Wilson Corporation
Portage, MI

R A Wright Agency

QUOTE SUBJECT TO FULLY COMPLETED COMPANY APPLICATION, FAVORABLE MVRs, RADIUS AS REQUESTED, NO PRIOR LOSSES. ANY CHANGES MAY ALTER THIS QUOTE.

NO FLAT CANCELLATIONS.

IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE.

For information about how Northland compensates its agents, brokers and program managers, please visit this website:

[http:// www.northlandins.com/ Producer_Compensation_Disclosure.asp](http://www.northlandins.com/Producer_Compensation_Disclosure.asp)

If you prefer, you can call the following toll-free number: 1-866-904-8348.
Or you can write to us at

Northland Insurance Companies,
c/ o Law Department,
385 Washington St.,
St. Paul, MN 55102.

Installment Payment Plan and Fee Disclosure is attached.
Proposal Disclosure/Coverage Disclaimer is attached.

Exhibit FWA

RICHARD DAVID GILBERT

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA)
COUNTY OF Richland)

[Signature]
Applicant's Signature

I, RICHARD DAVID GILBERT, OWNER
Name of Applicant's Representative Title
of DESTINATIONS PROFESSIONAL TRANSPORTATION, LLC,
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

[Signature]
Signature of Applicant's Representative

SWORN TO BEFORE ME
This 07 day of August, 2010
[Signature]
Notary Public

Commission Expires April 6, 2015

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

DESTINATIONS PROFESSIONAL TRANSPORTATION, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on August 19th, 2010, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the
State of South Carolina this 19th day of August,
2010

Mark Hammond

Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT
COPY AS TAKEN FROM AND COMPARED
WITH THE ORIGINAL ON FILE IN THIS OFFICE

Aug 19 2010

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

100819-0108

Filed: 8/19/2010

DESTINATIONS PROFESSIONAL
TRANSPORTATION, LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
FOR A
LIMITED LIABILITY COMPANY

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the 1976 South Carolina Code of Laws, as amended is DESTINATIONS PROFESSIONAL TRANSPORTATION, LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is

4909 CHARTWELL DR

Street Address

N CHARLESTON SC

City

294207001

Zip Code

3. The initial agent for service of process of the Limited Liability Company is

RICHARD DAVID GILBERT

Name

Electronically filed on SCBOS.

Signature not required.

Signature

and the street address in South Carolina for this initial agent for service of process is

5090 ASHLEY RIVER RD

Street Address

SUMMERVILLE SC

City

294859401

Zip Code

4. The name and address of each organizer is

a) RICHARD DAVID GILBERT

Name

5090 ASHLEY RIVER RD

Street

SUMMERVILLE

City

SC US

State

294859401

Zip Code

**Signature Page Attachment to South Carolina Business One Stop
(SCBOS) for the State of South Carolina Secretary of State**

This page must be completed, scanned, and submitted as an attachment when filing on SCBOS.

Type of Filing: ARTICLES OF ORGANIZATION (Limited Liability Company)

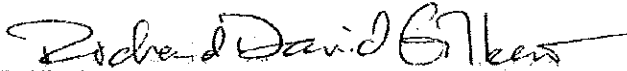
As Of: August 19, 2010 1:52 PM

Name of Limited Liability Company:

Destinations Professional Transportation, LLC

Signature of Each Organizer:

Richard David Gilbert



Name

Signature

Date

8/19/10

Fax or e-mail your completed forms to:

SC Secretary of State
(803) 734-1610
SCBOS@SOS.SC.GOV

(Please e-mail signature forms in the following file
formats only: Adobe .PDF, .GIF, or .JPEG
extensions.)